

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023088

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 0021

Primary Registration District No. 5019

Registrar's No. 54

FILED JUN 27 1963

1. PLACE OF DEATH

a. COUNTY Andrew

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Rochester Township

Length of stay in 1b
8 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Shady Lawn

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Andrew

c. CITY OR TOWN RFD # 2, Bolckow

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
2 miles east

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

William

Wilson

Conway

(Type or print)

4. DATE OF DEATH

Month

Day

Year

June 20, 1963

5. SEX male

6. COLOR OR RACE white

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH 12-3-76

9. AGE (last birthday) 86

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
retired farmer

10b. KIND OF BUSINESS OR INDUSTRY farm

11. BIRTHPLACE (City and state or country) Atchison County, Mo.

12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME

Jasper N. Conway

13b. MOTHER'S MAIDEN NAME

Rebecca Jones

14. NAME OF HUSBAND OR WIFE

Elizabeth Conway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Grant Conway, Tucson, Ariz.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arterio-sclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH
10 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-9-53 to 6-20-63 and last saw him alive on 6-13-63
Death occurred at 5:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Death or title)

22b. ADDRESS

Savannah, Missouri

22c. DATE SIGNED

6-24-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
burial

23b. DATE 6-23-63

23c. NAME OF CEMETERY OR CREMATORY
Helena Cemetery

23d. LOCATION (City, town, or county)
Helena, Missouri

(State)

24. FUNERAL DIRECTOR
BREIT & HAWKINS

ADDRESS
SAVANNAH

25. DATE RECD. BY LOCAL REG.
6-25-1963

26. REGISTRAR'S SIGNATURE

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

1 0020

2 0020

3

4 0

5 2

6

7 0

8 0

9 4200

10

11

12 86-0

13 2-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James B. Hawkins

Licensed Embalmer No.

4535

P. O. Address

Savannah

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.